

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1445 Ross Avenue

Suite 1400

☐Check if different
than previously
reported. (ACC)

Dallas

TX

75202

2703

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00119354

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Todd Plott

Signature of Treasurer

Electronically Filed by Todd Plott

Date

04

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 31

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M
0 3D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 3D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		62272.29
(b) Cash on Hand at Beginning of Reporting Period	78502.29	
(c) Total Receipts (from Line 19)	18759.60	37839.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97261.89	100111.89
7. Total Disbursements (from Line 31)	12250.00	15100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85011.89	85011.89
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 31

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	3	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15549.00	22229.00
(ii) Unitemized	3210.60	15610.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18759.60	37839.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18759.60	37839.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18759.60	37839.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18759.60	37839.60

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12250.00	13250.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	1850.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12250.00	15100.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12250.00	15100.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 31

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18759.60	37839.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18759.60	37839.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TREVOR FETTER

Mailing Address 3821 BEVERLY DRIVE

City

DALLAS

State

TX

Zip Code

75205-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

CEO AND PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: 31544127

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

DENNIS MCGUFFIE

Mailing Address 3504 CALECHE CT

City

PLANO

State

TX

Zip Code

75023-5820

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: 31544134

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

KAROLEE SOWLE

Mailing Address 17 MISSION CT

City

RANCHO MIRAGE

State

CA

Zip Code

92270-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

DESERT REGIONAL MEDICAL
CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: 31544135

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHANIE S SHERMAN

Mailing Address 10481 MATEO COURT

City

BOCA RATON

State

FL

Zip Code

33498-6733

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEST BOCA MEDICAL CENTER

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: 31544137

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RUTH P SCHWARZKOPF

Mailing Address 100 GREENBRIER CT

City

ATLANTIS

State

FL

Zip Code

33462-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEST BOCA MEDICAL CENTER

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: 31544140

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JENNIFER A MASON

Mailing Address 5411 NE 22 AVE

City

FORT LAUDERDALE

State

FL

Zip Code

33308-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEST BOCA MEDICAL CENTER

Occupation

COMPLIANCE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: 31544142

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFF ELLER

Mailing Address 98 SAN JACINTO BLVD
SUITE 1200

City State Zip Code
AUSTIN TX 78701-4299

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
COMMUNICATIONS EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: 31544165

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MARK E PEACOCK

Mailing Address 1120 CHESTERTON DR

City State Zip Code
RICHARDSON TX 75080-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31544168

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

RUTH STEWART

Mailing Address 20089 WEST KEY DRIVE

City State Zip Code
BOCA RATON FL 33498-4541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PALM BEACH GARDENS MEDICAL
CENTER

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31544169

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID KATZIN

Mailing Address 3080 CANTERBERRY DRIVE

City

BOCA RATON

State

FL

Zip Code

33434-3348

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

REGIONAL CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31544170

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL J BIERMAN

Mailing Address 18 CENTER CT

City

HEATH

State

TX

Zip Code

75032-5999

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31544173

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

RONALD KAUFMAN

Mailing Address 203 ANNANDALE RD

City

PASADENA

State

CA

Zip Code

91105-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

REGIONAL CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31544176

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM MASTERTON

Mailing Address 50 BISCAYNE DR NW#6109

City

ATLANTA

State

GA

Zip Code

30309-1070

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTA MEDICAL CENTER

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31544177

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY KOURY

Mailing Address 42 BARNEBURG

City

DOVE CANYON

State

CA

Zip Code

92679-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP AND REGIONAL CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1481203523483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MICHAEL K BURTNETT

Mailing Address 3405 HOWELL ST#9

City

DALLAS

State

TX

Zip Code

75204-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1568624523483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

402.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS RICE

Mailing Address 15126 FERDINAND DR

City

DALLAS

State

TX

Zip Code

75248-6437

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1592856023483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ROBERT SMITH

Mailing Address 5325 TATE AVE

City

PLANO

State

TX

Zip Code

75093-3433

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1592857723483

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

RICKY JOHNSTON

Mailing Address 404 N.CHURCH ST

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1592858223483

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

246.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAY MIRANDA

Mailing Address 15871 SW 148 TERRACE

City

MIAMI

State

FL

Zip Code

33196-5701

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORAL GABLES HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1734839223483

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

DANIEL WALDMANN

Mailing Address 2001 19TH STREET NW #5

City

WASHINGTON

State

DC

Zip Code

20009-1346

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1814798523483

Amount of Each Receipt this Period

176.00

P/R Deduction (\$96.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MARK P LISA

Mailing Address 391 E MILGEO AVE

City

RIPON

State

CA

Zip Code

95366-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOCTORS HOSPITAL OF MANTE-
CA

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2174141223483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

332.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PHILLIP SOWA

Mailing Address 621 BIRDSALL ST

City

HOUSTON

State

TX

Zip Code

77007-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARK PLAZA HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2174298123483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

ROBERT J CUNNAH

Mailing Address 163 VILLAGIO WEST

City

PALM SPRINGS

State

CA

Zip Code

92262-6395

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT REGIONAL MEDICAL
CENTER

Occupation
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2174361623483

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DENNIS M LITOS

Mailing Address 3204 GREENGATE DR

City

MODESTO

State

CA

Zip Code

95355-8446

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOCTORS MEDICAL CENTER-MO-
DESTO

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2174541523483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

252.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CATHRYN H FRASER

Mailing Address 272 ENCLAVES COURT

City

COPPELL

State

TX

Zip Code

75019-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2174559923483

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

BIGGS C PORTER

Mailing Address 4535 MANNING LANE

City

DALLAS

State

TX

Zip Code

75220-6434

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2174563623483

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JEFFERY FLOCKEN

Mailing Address 27 NEW DAWN

City

IRVINE

State

CA

Zip Code

92620-1976

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2174567323483

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

592.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SALLY A HURT-STEFFEN

Mailing Address 712 WALTHAM CT

City

EL PASO

State

TX

Zip Code

79922-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA PROVIDENCE EASTSIDE
HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2248480223483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MICHAEL BLACKBURN

Mailing Address 4141 16TH STREET NE

City

HICKORY

State

NC

Zip Code

28601-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
FRYE REGIONAL MEDICAL CEN-
TER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2369304323483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JOHN SHORT

Mailing Address 3108 Clymer Drive

City

Plano

State

TX

Zip Code

75025-5325

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP - PMI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2387796623483

Amount of Each Receipt this Period

77.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

229.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL CASTANON

Mailing Address 2101 Looscan lane

City

Houston

State

TX

Zip Code

77019-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP & Asst. General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2398953023483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MR MICHAEL R HOLMES

Mailing Address 531 EVERGREEN DRIVE

City

MANDEVILLE

State

LA

Zip Code

70448-7574

FEC ID number of contributing
federal political committee.

C

Name of Employer

DIAGNOSTIC IMAGING SERVIC-
ES

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2440288723483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

LEONARD ROSENFELD

Mailing Address 7243 BAXTERSHIRE DRIVE

City

DALLAS

State

TX

Zip Code

75230-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407201323483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVE BROWN

Mailing Address 16 SARAH NASH CT

City

DALLAS

State

TX

Zip Code

75225-2072

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407210623483

Amount of Each Receipt this Period

380.00

P/R Deduction (\$190.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN B MCDONALD

Mailing Address 2230 WARNER ROAD

City

FORT WORTH

State

TX

Zip Code

76110-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407215823483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JOE D THOMASON

Mailing Address 4006 RAMSGATE CT

City

COLLEYVILLE

State

TX

Zip Code

76034-4473

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407222123483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

532.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT S HENDLER

Mailing Address 11122 W RICKS CIRCLE

City

DALLAS

State

TX

Zip Code

75230-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

REGIONAL CMO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: PR407222823483

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

MARK E PEACOCK

Mailing Address 1120 CHESTERTON DR

City

RICHARDSON

State

TX

Zip Code

75080-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

556.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: PR407226023483

Amount of Each Receipt this Period

6.00

P/R Deduction (\$3.00 Bi-W-
eekly)**C.**

Full Name (Last, First, Middle Initial)

GARY K RUFF

Mailing Address 714 KENT CT

City

SOUTHLAKE

State

TX

Zip Code

76092-8868

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP & GENERAL COUNSEL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: PR407229223483

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARRY M OLNEY

Mailing Address 2708 ISLAND LEDGE COVE

City

AUSTIN

State

TX

Zip Code

78746-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407234323483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN QUINN

Mailing Address 1138 PINE VALLEY ROAD

City

GRIFFIN

State

GA

Zip Code

30224-4953

FEC ID number of contributing
federal political committee.

C

Name of Employer

SPALDING REGIONAL HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407236023483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

CHARLES MILLER

Mailing Address 747 MENDENHALL CT

City

FORT MILL

State

SC

Zip Code

29715-7852

FEC ID number of contributing
federal political committee.

C

Name of Employer

PIEDMONT MEDICAL CENTER

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407241423483

Amount of Each Receipt this Period

57.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

209.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN F HOLLAND

Mailing Address 3610 EDGEWATER STREET

City

DALLAS

State

TX

Zip Code

75205-4317

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407242923483

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JAMES D DORIS

Mailing Address 264 IDLEWILDE LANE

City

SANFORD

State

NC

Zip Code

27332-9304

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRAL CAROLINA HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407244823483

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

DAVID L ARCHER

Mailing Address 2594 HOCKSETT COVE

City

GERMANTOWN

State

TN

Zip Code

38139-6655

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAINT FRANCIS HOSPITAL

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407250423483

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

342.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHEN L NEWMAN MD

Mailing Address 11034 TIBBS STREET

City

DALLAS

State

TX

Zip Code

75230-3450

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR40725723483

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

TERRY WHEELER

Mailing Address 13802 MAGNOLIA MANOR

City

CYPRESS

State

TX

Zip Code

77429-8162

FEC ID number of contributing
federal political committee.

C

Name of Employer
CYPRESS FAIRBANKS MEDICAL
CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407265623483

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

GARY L HONTS JR.

Mailing Address 1855 SILVERWINGS CT

City

MORGAN HILL

State

CA

Zip Code

95037-9002

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMUNITY HOSPITAL OF LOS
GATOS

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407266423483

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

514.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHELE C MEYER

Mailing Address 230 GRIMSLEY STAT BLUFF

City

SAINT LOUIS

State

MO

Zip Code

63129-5030

FEC ID number of contributing
federal political committee.

C

Name of Employer
DES PERES HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407268523483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

CRAIG C ARMIN

Mailing Address 23510 BERDON STREET

City

WOODLAND HILLS

State

CA

Zip Code

91367-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407274123483

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

KENT G CLAYTON

Mailing Address 3 TURTLE BAY DRIVE

City

NEWPORT BEACH

State

CA

Zip Code

92660-4266

FEC ID number of contributing
federal political committee.

C

Name of Employer
PLACENTIA LINDA HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407278123483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CANDACE MARKWITH

Mailing Address 980 ISABELLA WAY

City

SAN LUIS OBISPO

State

CA

Zip Code

93405-6186

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA VISTA REGIONAL MED-
ICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407280323483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

RODNEY A REASONER

Mailing Address 1960 MARY LEE LN

City

ALLEN

State

TX

Zip Code

75002-8528

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407280923483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MICHELE M FINNEY

Mailing Address 21521 TURTLEDOVE STREET

City

TRABUCO CANYON

State

CA

Zip Code

92679-3486

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ALAMITOS MEDICAL CENT-
ER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407283923483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEN WHEAT

Mailing Address 31855 DATE PALM DR#3

City

CATHEDRAL CITY

State

CA

Zip Code

92234-3100

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT REGIONAL MEDICAL
CENTER

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR407288723483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

RICK LYONS

Mailing Address 2425 BATTERING ROCK RD

City

TEMPLETON

State

CA

Zip Code

93465-8371

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWIN CITIES COMMUNITY HOS-
PITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR413941923483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

KENNETH F SUTHERLAND

Mailing Address 102 WILMINGTON CT

City

SOUTHLAKE

State

TX

Zip Code

76092-8492

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR839152223483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AUDREY T ANDREWS

Mailing Address 702 PENFOLDS

City

COPPELL

State

TX

Zip Code

75019-4544

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR840566923483

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

DREW P KAHN

Mailing Address 16015 KEMPTON PARK

City

SPRING

State

TX

Zip Code

77379-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOUSTON NW MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR840590423483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

DAVID W BORDOFSKE

Mailing Address 5001 ASHLAND BELLE LANE

City

FRISCO

State

TX

Zip Code

75035-7682

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR840924623483

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN TILLY

Mailing Address 1221 WENTWOOD

City

IRVING

State

TX

Zip Code

75061-4456

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

VP & ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR842232423483

Amount of Each Receipt this Period

125.00

P/R Deduction (\$75.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ELIZABETH JOHNSON

Mailing Address 3302 MARSH LANE

City

GRAPEVINE

State

TX

Zip Code

76051-6828

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR842373123483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MANUEL LINARES

Mailing Address 7710 CENTER BAY DR

City

NORTH BAY VILLAGE

State

FL

Zip Code

33141-4019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH SHORE MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR844477223483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

277.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PATRICIA L BRAINERD

Mailing Address 5412 GLENSHIRE DR

City

PLANO

State

TX

Zip Code

75093-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR844644423483

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JAMES CLEMENTS

Mailing Address 3013 GOLF CREST LANE

City

WOODSTOCK

State

GA

Zip Code

30189-8197

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH FULTON MEDICAL CENT-
ER

Occupation

ASSOC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR849790223483

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

176.00

TOTAL This Period (last page this line number only)

15549.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Pete Sessions for Congress	Transaction ID: 31426694 Date of Disbursement
Mailing Address P.O. Box 8230147	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 1 0</div> </div>
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period
Purpose of Disbursement Void - Pete Sessions for Congress	<div>-2400.00</div>
Candidate Name Pete Sessions	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Void - Pete Sessions for Congress	
B. Full Name (Last, First, Middle Initial) Pete Sessions for Congress	Transaction ID: 31426702 Date of Disbursement
Mailing Address P.O. Box 8230147	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 1 0</div> </div>
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General	<div>2400.00</div>
Candidate Name Pete Sessions	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
2010 General	
C. Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress	Transaction ID: 31490191 Date of Disbursement
Mailing Address 1071 Twin Branch Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 1 0</div> </div>
City Weston State FL Zip Code 33326	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>500.00</div>
Candidate Name Rep. Debbie Wasserman-Schultz	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
2010 Primary	

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.	<p>Full Name (Last, First, Middle Initial) Mike Crapo For Us Senate</p> <p>Mailing Address P.O. Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Sen. Mike Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ID District:</p>	<p>Transaction ID: 31490194</p> <p>Date of Disbursement 03 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 Primary</p>
B.	<p>Full Name (Last, First, Middle Initial) Citizens For Altmire</p> <p>Mailing Address P.O. Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 04</p>	<p>Transaction ID: 31490195</p> <p>Date of Disbursement 03 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>2010 Primary</p>
C.	<p>Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Sen. Charles Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: 31490196</p> <p>Date of Disbursement 03 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2010 Primary</p>

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Friends Of John Thune	Transaction ID: 31490198 Date of Disbursement																				
Mailing Address 200 North Phillips Avenue Ste L101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	1	0												
City State Zip Code Sioux Falls SD 57104	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Sen. John Thune	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: SD District: <input type="checkbox"/> Other (specify) ▼	2010 Primary																				
B. Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 31490199 Date of Disbursement																				
Mailing Address PO Box 8666	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	1	0												
City State Zip Code Omaha NE 68108	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Ben Nelson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NE District: <input type="checkbox"/> Other (specify) ▼	2012 Primary																				
C. Full Name (Last, First, Middle Initial) Udall For Colorado	Transaction ID: 31490200 Date of Disbursement																				
Mailing Address PO Box 40158	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	1	0												
City State Zip Code Denver CO 80204	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2014 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Mark Udall	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CO District: <input type="checkbox"/> Other (specify) ▼	2014 Primary																				

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Richard Burr Committee; The

Mailing Address Post Office Box 5928

City
Winston-Salem

State
NC

Zip Code
27113

Purpose of Disbursement
2010 Primary

Candidate Name
Sen. Richard Burr

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: 31490201

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

2010 Primary

B.

Full Name (Last, First, Middle Initial)

Bob Etheridge for Congress Committee

Mailing Address P.O. Box 28001

City
Raleigh

State
NC

Zip Code
27611

Purpose of Disbursement
2010 Primary

Candidate Name
Bob Etheridge

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Transaction ID: 31490202

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

250.00

2010 Primary

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

12250.00